

1ST AMENDED CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974.

See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge Number(s):

☐ FEPA 1A23946☐ EEOC 31C-2023-00705**Texas Workforce Commission Civil Rights Division**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Tabatha Drake

Home Phone (Incl. Area Code)

(254) 493-4805

Date of Birth

Street Address
City, State and ZIP Code3110 Antelope Trail
Temple, TX 76504

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others.

Name

BUC-EE'S

No. Employees, Members

15+

Phone No. (Include Area Code)

346-774-2228

Street Address
City, State and ZIP Code4155 N GENERAL BRUCE DR
TEMPLE, TX 76501**DISCRIMINATION BASED ON:**

Disability and Retaliation

DATE(S) DISCRIMINATION TOOK PLACE:

Earliest: 09/22/2022.

Latest: 12/28/2022

THE PARTICULARS ARE:

I. PERSONAL HARM

I have been subjected to Reasonable Accommodation, Terms/Conditions, Harassment and Discharge based upon my Disability and Retaliation for exercising my protected rights.

On 09/22/2022, I had a meeting with Dan (District Manager), Nick and Greg (Store Manager), informing them of the Kelly Nunez (Department Manager) behavior towards me. Nunez would shout at me while using foul language in front of customers and subordinates. She also repeatedly threatened my employment. The said the reason for Nunez's action was due to my attendance and accommodations. On 12/01/2022, my physician renewed my accommodations, and I submitted my accommodations request to Stephanie Hoosier (Benefits). I also requested FMLA. On 12/09/2022, Orlando (Store Manager) and Jackie (Assistant Store Manager) called me to the office and stated to me that my accommodations were no longer a fit for the company and that I needed to have my physician change my accommodation or take a leave of absence. On 12/14 or 12/15 I was called back to the office by Orlando, and I informed him that I contacted the ADA and EEOC. I asked Orlando if my accommodations were causing the company any hardship, he did not respond. He continued to demand I get my accommodations changed. I told him they cannot make my doctor change the accommodations. On 12/14/2022, I sent an email requesting FMLA and clarifications of the demand in changes of my accommodations. Hoosier called me and brought up "new issues" stating that I needed to sign paperwork about my marital status and for my spouse being on my insurance. I signed the paper concerning my marital status and for my spouse to be on my insurance. My spouse was also on my insurance the year prior however the insurance was never used. On 12/28/2022, Orlando discharged me and stated that I falsified documents about my marital status. Nunez, Hellen Heese (Shift Leader), and Frank (Maintenance Employee) were treated more fairly than me due to their accommodation requests being approved.

II. RESPONDENT'S REASON FOR ADVERSE ACTION:

No response provided by Respondent.

III. DISCRIMINATION STATEMENT:

I believe I have been discriminated against in violation of Texas Labor Code, Chapter 21 and the Americans with Disabilities Act of 1990 as Amended based on my disability and in retaliation for exercising my protected rights.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

COMPLAINANT COMPLETES BELOW:My name is Tabatha Renea Drake, my date of birth is 1-14-1981
(First) (Middle) (Last)and my address is 3110 Antelope Trail Temple TX 76504 US
(Street) (City) (State) (Zip) (Country)Executed in Bell County, State of Texas, on the 12 day of 12, 20 24
(County) (State) (Day) (Month) (Year)

I declare under penalty of perjury that the above is true and correct.

Tabatha Drake12/12/2024

Charging Party Signature

Date

Notice: To determine timeliness of a discrimination charge, TWCCRD refers to the receipt date of a complete complaint form.